Report to
The California Endowment

Models of Partnership and Collaboration for Improving Agricultural Worker Health and Housing

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Introduction

The Agricultural Worker Health and Housing Program (AWHHP) is a partnership between The California Endowment and Rural Community Assistance Corporation (RCAC) to improve the health of California's agricultural workers, their families and communities. While many health-oriented programs have been implemented to address those health needs, their effectiveness is undermined when clients return to unsafe, unhealthy and overcrowded living conditions. The AWHHP supports place-based strategies for integrating health and housing services with agricultural worker involvement.

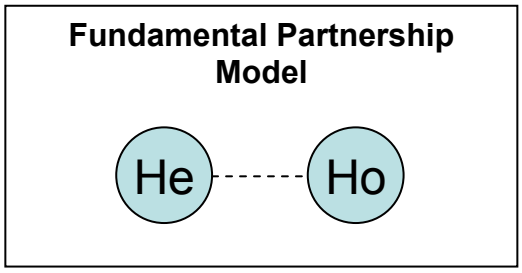
Practitioners in the field have been innovative in developing strategies for AWHHP. Project vignettes are highlighted throughout this report, while emerging patterns provide the main body of this report. Typical projects have constructed new housing units located near health facilities, or with examination or health education rooms on site. Many projects trained *Promotores* to provide outreach to agricultural workers and their families. Mobile medical/dental units have been deployed to bring health services to residents. Typically, these housing developments have required a capital investment of approximately $8 to $10 million, with AWHHP contributing a loan of between $1 million and $1.5 million. Health strategies have received Health Improvement Grants of up to $200,000.

Advancing these strategies has required collaboration between partners with very different organizations, and generally with no history of working together. Several challenges have been observed:

- **Timing of involvement**. Historically, housing developers have compressed a great deal of activity into the construction of units, and ended their involvement when residents moved in. However, for most health and housing strategies, health services do not begin until there are residents to serve. This sequential involvement fails to simultaneously engage health and housing partners through most of the life of the project.
- **Size of partners**. In many projects, health and housing partners were well matched in size and experience. But for other projects, one partner would naturally dominate a partnership based upon their greater experience with large, complex projects. In extreme cases, the housing organization has taken over the health strategy by coordinating health services and providers. Unequal partners face additional barriers to true collaboration.
- **Experience in collaboration**. Some regions of California are rich in non-profit organizations with extensive experience in collaboration, even if not specifically between health and housing entities. But in regions such as the Central Valley, non-profit organizations have often been forced to go at it alone, lacking appropriate and convenient partners. For many of these organizations, collaborative project development and management represent additional skills to acquire – learning that has occurred during AWHHP projects.

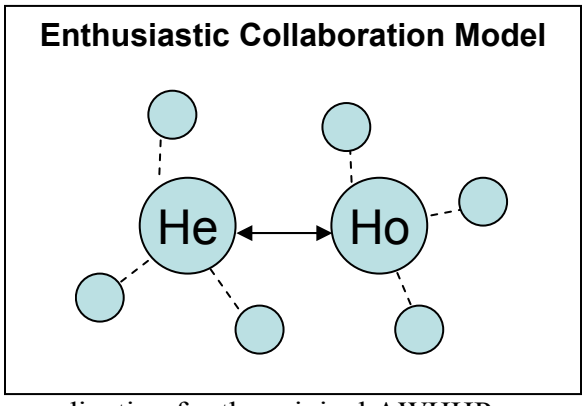
Not surprisingly, collaboration has taken many forms. In its simplest form, the

Fundamental Partnership model, one health organization and one housing



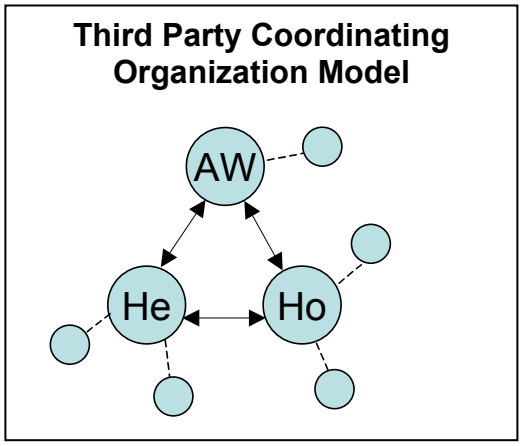
organization come together to share strengths, coordinate services, and meet AWHHP partnership requirements to develop a project delivering both services. As the project continues, they communicate to coordinate services as needed.

More complex collaboration has also been seen. By policy, AWHHP tied together the health and housing organizations through contract, creating a core partnership for the project. But in the **Enthusiastic Collaboration** model, individual projects went beyond the fundamental requirements. For many projects, organizational enthusiasm for collaboration created a dynamic partnership that extended beyond service

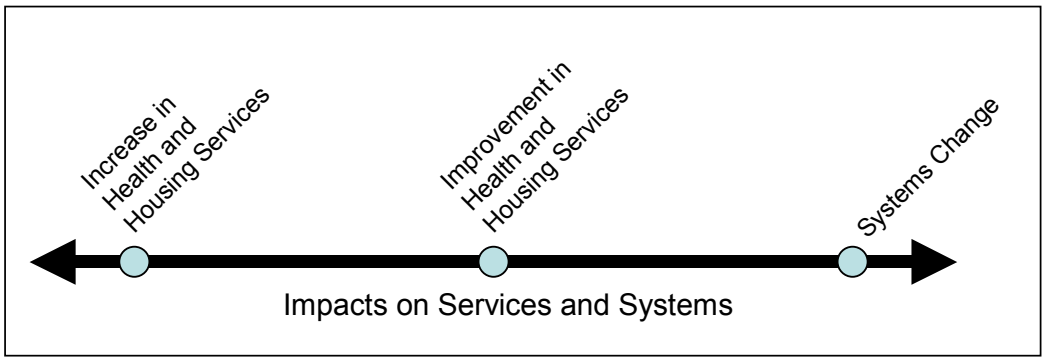


coordination for the original AWHHP project, and frequently generated new services. Some core partnerships brought as many as 15 other organizations into a broader collaborative to provide a range of health and social services while facilitating communication with the broader service community.

A second AWHHP guiding principle is agricultural worker involvement, and project applicants were challenged to involve agricultural worker community members in program design, implementation and decision-making. This principle has been integrated into some projects in an exciting new partnership structure: the **Third Party Coordinating Organization** model. In this model, health and housing organizations are brought together by an organization representing, and governed by, agricultural workers. This coordinator organization does not need to have health or housing expertise, but is able to convene partners with those abilities, place agricultural workers into the decision process, and overcome many of the barriers to effective collaboration.



Project impact on services and systems can be placed on a continuum as shown on Page 3. At one level, the number of agricultural workers living in decent housing increases, more health services are provided, and ultimately more workers are healthy and experience a higher quality of life. This measure is fundamental. But this increase may not be sustainable once the initial funding is exhausted. Greater efficiencies are needed to sustain that increase, and this improvement is recognized as a second level of project success. As partners have learned from each other, many have embraced new ways of doing business that better serve target populations. Finally, some projects



have been successful at involving agricultural workers in the entire collaborative process, resulting in gains in leadership and decision making skills, and laying a foundation for worker control of processes. This systems change depends on successfully increasing and/or improving services, and represents the highest level of achievement.

RCAC is interested in understanding how the different models of partnership and collaboration have influenced project success. Field experiences have been explored through interviews with project principals and AWHHP program staff, examination of project reports, and historical program documents. This report will describe the collaboration models employed in AWHHP projects, and the connection to project success.

Through careful review of the partnerships and collaborations produced by the AWHHP projects, there appeared to be four main models of partnerships and collaborations that have surfaced. These four models are presented with more detail below.

Fundamental Partnership Model

The Fundamental Partnership model, in the strictest sense, is exemplified by distinct health and housing providers complying with the partnership requirements of the AWHHP. Grantees that worked toward this level of partnership had as an objective ensuring common understanding while maintaining autonomous decision-making, program planning, and communication opportunities. Organizations in this partnership model complied with basic expectations for collaboration, but did not devote additional resources to collaborative activities. Their actions generally matched the message put forth by AWHHP. (See Appendix I, page 15)

In some cases, the fundamental partnership was established only to meet the partnership requirements of the AWHHP and qualify for funding. Partners in this model understood that a health and housing relationship was necessary in order to access AWHHP resources, but some partners expected the gains from collaboration would become exhausted after the first few meetings.

A familiar characteristic of the fundamental partnership model was a lack of collaborative spirit. For the most part, partners did not become closely involved with the other, did not change operational practices, and did not move on to other joint efforts. In many cases, after the original agreements were signed with the AWHHP, partners found it difficult to maintain a consistent degree of dialogue. In one extreme case, a monitoring visit - at

which only one of the partners appeared - generated the comment *"well, we're more like silent partners."* Although the partnership was not equal in this case, no effective remedial action was taken by RCAC.

Several characteristics of the partner organizations played roles in their collaborative efforts. Because of the liberal definitions of health and housing organizations that the Program adopted, there were some instances in which the two partner organizations were extremely different in terms of their service delivery structure, focus, and/or scope of mission. As one example, in a Coachella Valley project, the health partner role was assumed by a grassroots organization dedicated to the empowerment of agricultural worker women, while the housing partner was a large local government agency, laden with departments, procedures, and many priorities. While the two organizations established their required partnership, their respective differences in size, operating style and mission added to the challenges of maintaining effective interaction. The housing partner essentially served as a resource to the health partner while the health partner performed its work in grassroots education and organizing. The responsibility for project performance was borne by one partner, while the other partner served as a resource to the project.

On the other hand, this model was also represented by well-matched organizations recognized as pre-eminent organizations in their respective industries.

In some cases, the individual strategies of the health and housing partners did not require active ongoing collaboration, and without this need, partner meetings were rarely held. While partners may have enjoyed great organizational capacity, access to resources, and strong local ties, their collaborative energy was not sustainable beyond the initial planning meetings. A common adjustment was to replace meetings with telephone calls in reaction to specific coordination needs. These partnerships generally lacked networks of community collaborators associated with the project, and the involvement of agricultural workers was not active compared to projects in other models.

Mecca Mobile Home Park

Over the last few years Riverside County has shut down unpermitted and unsafe mobile home parks in unincorporated areas, displacing the residents, many of whom are agricultural workers. Through the Coachella Valley Housing Coalition (CVHC), a new mobile home park was opened in March 2003 to serve very-low- and low-income families. The development incorporates satellite medical and social service offices to serve residents of the mobile home park, as well as residents of Las Mañanitas, an adjacent migrant worker housing project also sponsored by CVHC. Amenities provided on site include: a migrant education center, computer education, free homework tutoring, ESL classes, an on-site health clinic, preschool and playground.

The health partner, Santa Rosa del Valle, Inc., operates a mobile medical unit supported in part by AWHHP funds. Extending the health benefits beyond the Mecca Mobile Home Park, this unit provides Coachella Valley's agricultural workers with screenings for diabetes, heart disease, and prostate cancer, and other health care services.

During the development stage of the project, collaboration between the health and housing partners had been minimal, but additional collaborators involved in the delivery of service include: Head Start, Riverside County Department of Education, Coachella Valley School District, Coachella Valley Parks and Recreation, and a host of other community partners.

Despite not moving beyond the basic coordination function of collaboration, and even difficulties in continuing to act as partners, health and housing services were increased by projects that exhibited the fundamental partnership model. Additional housing units were constructed for agricultural workers, and additional health services were produced. This model of collaboration has been most successful in bringing providers together to do what is necessary to increase services.

Strong, and even independent, organizations do provide greatly needed health and housing services.

However, projects with no more than the required level of partnership and collaboration generally did not explore systemic change in health and housing improvements. Without such systemic change in the means of doing business, we see little beyond the very necessary increases in services funded through AWHHP.

Enthusiastic Partnership Model
Some projects went beyond the fundamental requirements

The enthusiastic partnership model is exemplified by partners who put more into the collaborative effort than what is required by the AWHHP. For example these partners tend to meet more frequently, undertake additional joint efforts, learn from one another, and change their organizational practices as a result.

They are often composed of strong organizations, in tune with each other's missions and values. Many have a history of collaboration, but generally within their own fields. Even with this history, they discovered additional challenges working with a partner from such a different sector, with such different practices. Nevertheless, because of the AWHHP collaborative experience, many partnerships are continuing their work on several joint community projects beyond the original project funded by AWHHP. As a testament to their collaborative spirit, Enthusiastic Partnership model organizations fostered the strengthening of an agricultural worker advocacy organization, as in the Sonoma Valley Health and Housing Initiative project. This project has been most successful in terms of creating change in the local community with respect to how people feel about agricultural workers and their important contributions to the local economy and social fabric.

Partners in the enthusiastic model credit their successful relationship to their respective organization's missions and values. The health and housing partners, in many instances recognized they are both dedicated to improving the quality of life for low-income families, including agricultural workers. Often, individuals in these organizations knew each other before the project began. Referring to the value of this collaboration, a staff member of the health partner in the Futuros Sanos project of northern San Diego County enthusiastically stated, *"it has provided us with yet another opportunity to reinforce our own program, while building a rich, comprehensive continuum of services for agricultural workers"*. Therefore, their partnership and collaborative efforts seemed a natural organizational step in terms of enhancing health and housing services to agricultural

Sonoma County Agricultural Worker Health and Housing Initiative

St. Joseph's Health Systems Sonoma County (SJHS) and the Burbank Housing Development Corporation (BHDC) joined forces to collaborate on provide health and housing services to agricultural workers in southern Sonoma County. The initial step was to build a foundation of community support, and through Vineyard Worker Services (VWS) local agricultural workers were instrumental in working with the partners in this effort. As a result, BHDC was able to purchase land for the construction of an 80-unit multi-family development that is still under construction.

The health strategy consisted of two major efforts. The first part of the strategy addressed cultural and communication barriers through a Promotores outreach program to the general agricultural worker community. The second part of the strategy involved the use of a mobile medical unit to bring medical and dental services to the community.

This partnership has undertaken additional joint ventures, and additional community-based organizations are joining them in a broader collaborative to deliver services. SJHS and VWS collaborated on bringing together the first successful AWHHP health and housing project serving unaccompanied migrant workers. They continue to build community support, gaining the support of local government and growers' organizations while identifying additional areas for joint action.

workers. The key to this model seems to be a natural enthusiasm for collaboration on the part of the individuals involved.

Before the AWHHP, very few projects had explored collaborative opportunities between health and housing organizations. Therefore, reflecting the level of interest in collaboration on the part of these organizations, they met frequently at the onset of their partnership as they were on a steep learning curve. Both organizations had much to learn about the other's environment and organizational priorities. As one example, when a housing partner attempted to gain local government approval for an affordable housing project, the partners met frequently in order to develop a strategy for getting approval based upon the planned benefits from their health and housing project. The health partner in this case learned that local government approvals are a way of life for the housing partner. A common theme among enthusiastic collaborators was a sincere appreciation for each other's political and economic pressures.

Enthusiastic partners, in part defined because the AWHHP Guiding Principles resonated within their organizations, also showed great interest for meaningful collaboration with agricultural workers. Agricultural workers were able to participate and become powerful allies within this model. In the Sonoma County project, the partners' further collaboration with Vineyard Worker Services (VWS), and specifically VWS' *Farmworker Advisory Committee,* continued a pattern in which agricultural workers had become powerful advocates at board of supervisors and other community planning meetings. Even now, the housing partner regularly attends the *Farmworker Advisory Committee* meetings and provides updates on the housing project and its status. Their collaboration with the *Farmworker Advisory Committee* essentially created a functional grassroots *advocacy arm* that is facilitating the development of additional health and housing projects.

In addition to bringing valuable insight to partnership meetings, the *Farmworker Advisory Committee* and *Promotores* are increasingly assuming a leadership role in health and housing issues within the partnership. While initial partnership meetings were mostly called for and conducted by the health and housing partners, agricultural workers now spearhead monthly meetings. The meetings are centered on agricultural worker community needs, opportunities to explore, and connections to be made. Currently, 30 to 50 agricultural workers participate in these monthly meetings, providing an attractive venue for service providers to present on a variety of topics.

While the partnerships between health and housing organizations have been able to sustain their initial enthusiasm and, in some cases, continue to explore new collaborative opportunities, they have indicated that carving out time to meet is the major challenge to sustaining their collaborative efforts. These partners have identified that the best way to address this challenge is to have productive and results oriented meetings. Intermediary funding organizations expecting that projects will adopt enthu-

siastic collaboration efforts need to be prepared to provide technical assistance on meeting management principles and practices.

The project partners also identified a lack of community-based organizations and service providers targeting Sonoma Valley agricultural workers and their families. However, the activism and success of the *Promotores* has helped to strengthen the health partners' collaboration with other providers. For example, Family Service Agency, a mental health services provider, is now working with the *Promotores* to deliver services directly into the camps in coordination with the primary health partner. Other organizations have now begun to serve the agricultural worker community such as the City of Santa Rosa Parks and Recreation Department providing swimming lessons, their Transit Department the "Bus Buddy" program and Sonoma County conducting bicycle safety outreach.

The Sonoma project partners identified another tangible benefit to their collaborative efforts; new projects are being developed. For example, the health partner has recently begun piloting a House-Call program providing direct medical services to families living at the housing partner's developments. They would eventually like to gauge whether families benefit from these house visits by medical practitioners. In an example of continued collaboration in a different project, the Futuros Sanos partners are collaborating with the City of Carlsbad on a health and housing project targeting unaccompanied migrant agricultural workers. They have committed staff resources and are strategically planning to offer health and housing programs to this hardest-to-serve agricultural worker population. Enthusiastic collaboration, once begun, builds momentum to continually create new projects.

Enthusiastic collaboration has not only generated an increase in the quantity and variety of services being afforded to agricultural workers, but also general improvement in services. Enthusiastic collaborators have not only delivered the original AWHHP project, but have actively developed new opportunities to meet the health and housing needs of the agricultural worker community. Through the active participation and collaboration of agricultural workers, as members of an advisory committee and/or *Promotores*, systems change in the local community has been created and recognized by other providers. These outcomes can be attributed to the collaborative spirit this model has exhibited.

Futuros Sanos

Through this project Community Housing of North County (CHNC) is constructing an 80-unit multi-family housing development with 60 units to be dedicated to agricultural workers and their families in northern San Diego County. When construction is complete, this development will include on-site facilities for health education and Vista Community Clinic will aggressively serve residents, with any necessary transportation to health services provided.

But these partners are not waiting until that construction is complete. Vista immediately began providing health education to residents of another CHNC housing complex through the development of a promotoras/es program. These Promotoras/es also provide outreach to agricultural workers in mobile home parks, migrant camps, and other locations in the area where agricultural workers are known to gather. Direct health care services are being provided to residents of this existing complex, and initial health assessments of all residents of the new housing development are planned.

A Variation Model

A unique model of collaboration that does not fit into neat categories is shown by a project in Santa Barbara County. Instead of building a strong relationship between just one health organization and the housing organization, the housing developer created a network of peripheral organizations and service providers. Through this network, a variety of services are made available to agricultural workers and their families living in a rehabilitated apartment complex in Carpinteria. While the network of providers was productive, the original health partner collaborated only minimally in developing strategies and implementing their health and housing project.

Consequently, in this example, the housing partner took the lead in developing the network while the health partner focused on internal issues. The collaboration with this network yielded a rich resident services program for agricultural workers and residents of the housing development. The services included preventative and direct health care services, after school programming for children, immunizations,

diabetes screenings, tax preparation services, and other essential services. As many as fifteen providers met regularly to develop a plan for serving agricultural workers at Dahlia Court Apartments. A representative from the residents association provided the perspective of an agricultural worker.

The housing partner reported that scheduling and maintaining attendance of organization representatives at meetings of the collaborative was difficult to sustain. Many of the service providers had county- or multi-county wide service areas, creating staff resource issues and making one-on-one meetings more practical and sustainable. In some cases, agencies reported that on-site physician treatment services were too costly to justify a regular visit to the complex; providers needed to be guaranteed a certain number of patient visits to cover the cost of physician time. In a complex with fewer than 250 residents with varying age levels and health care needs, it became apparent these cost effective targets would be difficult to predict and achieve on a regular basis.

The regular network meetings were replaced by an agreement in which a representative of the housing partner would instead participate in individual service provider meetings. While this approach was successful, the agency indicated two drawbacks to this plan. First, this translated into an additional 10+ meetings per month for staff of the housing partner. Secondly, direct agricultural worker representation at the individual meetings was not practical. Originally, network meetings involved agricultural workers in developing the project's strategies. With a new approach, indirect input of agricultural workers is now achieved through regular meetings between the Resident Services Coordinator and agricultural workers at convenient times for them. The meetings are open to all and a reliable group of residents provides valuable input and feedback. As the housing partner stated, *"The most valuable part of the collaborative experience on this project has been the opportunity to build a fabric of relationships to solve problems, to strengthen the community and to increase awareness among providers."*

The housing partner pointed to the importance of staff continuity, relative strength of partner organizations to each other, organizational ability to commit resources, and acceptance of AWHHP guiding principles as important elements in developing successful partnerships and collaborations. A shortfall on any of these factors can undermine collaboration. Efforts can be made to compensate but they absorb scarce resources.

Dahlia Court

The Dahlia Court project in Carpinteria converted a dilapidated 54-unit apartment building with overcrowded and unsafe living conditions into a clean, safe, and affordable housing complex for agricultural worker and other low-income families. Through the actions of a prominent housing developer, local government officials became convinced not only of the need for action, but also of the availability of a strong agent willing to follow through. City enforcement of building codes convinced the owner to sell the property, while the housing developer met with residents and other community organizations to build toward long-term solutions.

The strong actions of the housing developer continued past the completion of construction. It hired a resident to manage the facility and coordinate on-site services. It built a network of more than 15 community-based organizations to provide a variety of services including: child vaccinations, health screenings, family planning, after-school homework club, tax preparation, and others. This network met regularly with a representative of the Residents' Association, and was able to apply lessons learned from this collaboration to other operations within the broader community.

This project exemplifies how a prominent housing partner assumed the lead in developing a strong network of supporters and ancillary collaborators in an effort to improve housing and health services for agricultural workers.

Third Party Coordinating Organization Model

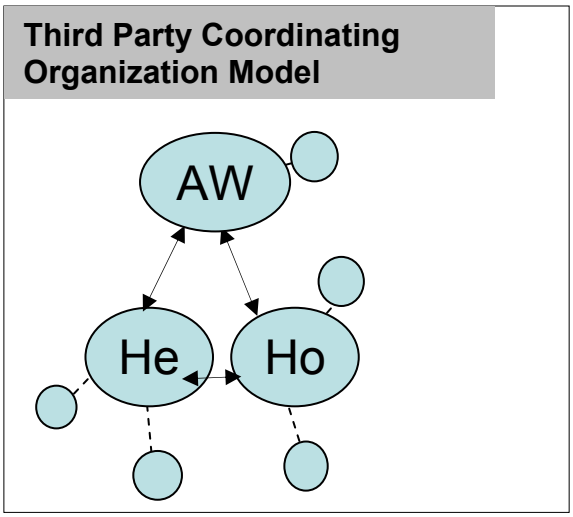
Characteristics of a Third Party Coordinator

The Third Party Coordinating Organization Model was developed collaboratively between RCAC and project personnel in the field in response to a unique opportunity. At base, the model is structured so that an agricultural worker organization serves as convener for the health and housing organizations, places agricultural workers into the decision making process, and overcomes many of the barriers to effective collaboration.

As neither a housing developer nor a health care provider, AWHHP believes the third party coordinating organization serves its role best when focused on community organizing, capacity building and/or the empowerment of agricultural workers. This maintains a strength the third party coordinating organization brings to the partnership – continuing advocacy to address problems identified by the agricultural worker community.

Benefits of a Third Party Coordinating Organization

The Third Party Coordinator helps projects overcome challenges to effective collaboration. The coordinating organization has the responsibility to keep the housing and health partners focused on project priorities. It also acts to create balance between unequal partners. In other partnership models where the partners are of unequal footing, the tendency is for the "stronger" partner to dominate, setting the agenda for the entire project. Partners with different organizational structures, such as nonprofit organizations and government agencies, can experience challenges in collaboration that may be effectively addressed by a third party coordinating organization. As exemplified in a Salinas Valley project, the third party coordinating organization successfully managed a project comprised of an established nonprofit housing developer and



a public health care provider. The coordinating organization supported the collaboration effort by enabling partners to understand their specific roles in the project. Another important benefit of a third party coordinating organization is its status as an advocate for agricultural workers. The third party coordinating organization has the luxury of remaining unapologetic when it comes to defining and implementing strategies that benefit the lives of agricultural workers. Some measures and efforts may prove to be too politically sensitive for the health and housing partners to front, but the third party coordinating organization, adept at defining and defending its consistent position, can serve to build political alliances, create an atmosphere of acceptance, and most importantly, be the front for the collaborative effort. As seen even with the enthusiastic partnership model, a common focus on social mission is essential for sustaining collaboration. The coordinating organization embodies and catalyzes the necessary social mission.

The enthusiasm and energy of the health and housing partners is another critical factor in sustaining collaboration. A third party coordinating organization can assist in maintaining such vitality. New and conflicting priorities, lapses in project timelines, or communication problems challenge partners to maintain the enthusiasm required to successfully complete their project's objectives. The third party coordinating organization's responsibility includes keeping project partners and collaborators at the table, focused, and on top of details. The role of project cheerleader, and taskmaster, is necessary and essential.

Long Term Impacts of Model

The longest standing example of this model has been in place for less than three years. Of the various partnership models exhibited in the AWHHP, the third party coordinating organization stands to have the most impact on systems change. As a model that promotes integral and meaningful agricultural worker involvement, it creates a concrete opportunity for agricultural workers to make decisions impacting the quality of life for their communities. This is an empowering opportunity for organizations and individuals alike. The planning, implementation, evaluation, and advocacy needs of community health and housing measures provide vast opportunities for participation and growth - opportunities traditionally relegated to program planners, operators and researchers and not to beneficiaries of programs.

There is shortage of agricultural worker organizations with the technical capacity to serve as third party coordinators. Further, those organizations with this ability are not distributed evenly throughout the state. AWHHP believes it to be necessary to develop new organizations with this capacity and is achieving some success through its Capacity and Partnership Building Grants. One new agricultural worker organization, created through the AWHHP in the Anderson Valley, has already facilitated the development of a housing project serving 14 unaccompanied migrant

CCA Farmworker Housing Promotores Project

This project was a collaboration of three very different organizations: the Monterey County Health Department (MCHD), South County Housing Corporation (SCHC), and the Center for Community Advocacy (CCA) acting as a third-party coordinator. While the health and housing partners were strong, established organizations, the influence of CCA was obvious in structure and operation of this project.

CCA originally applied for AWHHP funding without health or housing partners. While AWHHP was impressed with the community organizing experience of CCA, the complexity of developing and delivering housing and health services demands specialized experience well beyond the scope of CCA's capacity. However, AWHHP staff worked with CCA to identify appropriate partners with the necessary technical capacities, and developed a Third Party Coordinator model in which CCA used its strengths and experience to coordinate the actions of the health and housing partners.

CCA has a history of working with tenant committees as a means of organizing agricultural workers to improve housing conditions. Through such action, two dilapidated multi-family housing developments were acquired by SCHC to be rehabilitated into safe, affordable and healthy housing. MCHD adapted the CCA model of community organizing to develop a peer-to-peer health education curriculum using a Promotores model focusing on issues of pesticides, lead, asthma, access to potable water and adequate sewer systems.

agricultural workers. With technical assistance from RCAC, other organizations are building their capacity in anticipation of undertaking similar roles.

Based upon its experience with successful third party coordinating organizations and refined by agricultural worker organizations and individuals, AWHHP has developed a checklist of those organizational and personnel characteristics that provide a successful foundation for a third party coordinating organization to assess their readiness to undertake the role of coordinator, by intermediary funders to screen proposals, and by technical assistance providers to identify areas for capacity development. Rather than a tool for judgment, the check list is designed to identify areas for further strengthening.

Conclusion

The required AWHHP health and housing partnership ensures that agricultural workers and their families will benefit from improvement in health services and housing conditions. In terms of the benefits to collaboration per se, this study has found no evidence to suggest that increased collaboration leads to a greater quantity of services. The organizations contracted to undertake these projects are well capable of producing housing and delivering health care. However, other important gains were seen in projects with higher levels of collaboration. As partners engaged in sustained, intense collaboration, they learned from one another, changed the means of doing business, and worked to develop additional joint projects. More collaborative projects also tended to provide greater opportunities for the meaningful involvement of agricultural workers. These elements of systemic change are the real pay off for collaboration.

But collaboration is not easy. The challenges are familiar: not enough staff time, a perception of little or no benefit, other draws on resources, staff turnover, or a misunderstanding of the meaning of collaboration. Sustainability is an issue, as many partnerships exhaust the perceived benefits of collaboration early in the project. When the benefits of collaboration are not seen early in the project, the effort may not be sustained sufficiently long to generate type of systems change that can occur. The special timing challenge derived from construction schedules exacerbates this problem. AWHHP staff will need to increase communication regarding expectations of collaboration, and possibly provide additional assistance in overcoming challenges. If assistance is provided, it is likely to be most effective early in the project.

In the AWHHP experience, two factors are associated with successful sustained collaboration. In many cases, this collaboration followed from the abilities and interests of the partner organizations and the individuals involved, and their commitment to a common social mission. If representatives from the partners were compatible, and had support from their organizations, collaboration was successful. In other cases, the flexibility of the AWHHP allowed the implementation of the Third Party Coordinating Organization model. In this model, an organization governed by agricultural workers convened health and housing partners, directly addressed challenges, and provided motivation to continue moving forward within the collaborative context. AWHHP continues to monitor projects to assess the long-term impacts of these factors.

RCAC is committed to further developing the Third Party Coordinating Organization

model as one strategy for combining health and housing elements. Unfortunately, some parts of the state do not have agricultural worker organizations with the necessary capacity to direct this type of collaborative structure. AWHHP has provided Capacity and Partnership Building Grants to develop this capacity.

In addition, technical assistance is also provided to build the organizational capacity of existing coordinating groups. As such, RCAC is committed to providing the knowledge and tools necessary to create systemic change in agricultural worker health and housing through collaborative partnerships.

Appendix I

RCAC's Message as Heard in the Field

*"**Community Collaborative**: an association of the housing organizations, health organizations, social services organizations, community associations, other nonprofit and for-profit community resources, public and private institutions that work together to create and implement the proposed agricultural worker health and housing program."*

-- AWHHP Request For Proposal definition

Collaboration was manifested in many forms within AWHHP projects, all flowing from a single communication stream. The requirement for collaboration and partnership was initially introduced in the AWHHP Request For Proposal, refined at the Bidder's Conference and Program Orientation Workshops, reinforced through Grant and Program Specialist technical assistance, and operationalized during an Evaluation Site Visit. Understanding how the collaboration message was heard provides insight into a vital area of program management, and sets the stage for better communication in the future.

After receiving the AWHHP proposal, community collaboration (for some projects) simply became a means for health and housing organizations to avoid duplication of services. Others formed coalitions outside of the core partnership to bring in un-tapped resources and provide necessary services to the communities

After the workshops, technical assistance, and evaluation site visits, an analysis of evaluation plans showed that project collaboration objectives focused more tightly on relationships between organizations, and generally took on one of these three forms:

1. A networking form which focused on establishing common meeting times so all contributing collaborators could be present and discuss project issues;
2. A coordinating form which stressed coordination and provision of needed services to the community; or
3. A collaborative form that was inclusive of a variety of community providers; plus, trained and educated agricultural workers and collaborators on health, housing, and social issues concerning their communities.

Clearly, frequent and ongoing dialogue between Program Management and the projects is necessary for accurate communication. Further, while communication of principles is necessary from the beginning, deeper understanding is achieved as the discussion moves from the abstract and speculative to the definite and operational.

Appendix II

CHECKLIST
Characteristics of Third Party Coordinating Organization

ORGANIZATIONAL Characteristics: (Characteristics the organization should have.)

	Agricultural worker led, including representative board
	Clear, appropriate, and bounded mission statement and values
	Evaluation plan in place, helps to reflect on accomplishments and challenges
	Respected and trusted in the community; can attract partners
	Aware of local government issues
	Ability to assume fiscal responsibility and accountability, including have 501(c)3 status and solid bookkeeping and fund management systems
	Ability to convene other organizations
	Ability to fundraise, i.e., write grants, maintain relationships with funders, meet reporting requirements
	Ability to manage complex tasks and various projects
	Working communication tools, i.e., computer, internet access, voicemail, phone/fax and adequate meeting space
	Effective meeting management practices, including notifications, physical layout
	Good system for documentation
	Ability to enter into and manage contracts; manage grants
	Job descriptions available for all staff, including board members
	An administrative infrastructure, including personnel systems, sufficient to support delivery of services and programs
	Support of administrators/board members
	Ability for staff to cross-train across job duties and tasks
	A structure which facilitates collaborative exchanges within the organization

PERSONNEL Characteristic: (Skills/characteristics some or all staff should have.)

	Committed staff to organization and mission
	Good understanding of local government issues and processes
	Skilled in negotiating and networking
	Skilled in strategic planning
	Strong advocacy skills
	Ability to work with groups having different perspectives and agendas

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